

Company Pension to Company Pension Transfer

Additional Information from Transferring Life Office / Trustees

Return To:

Pensions New Business,
Irish Life Assurance plc
Lower Abbey Street
Dublin 1

Member Name

Member Date of Birth

/

/

Irish Life Reference Number

Is the scheme an approved scheme under Finance Act 1972 or Chapter 1, Part 30 of the Taxes Consolidation Act 1997?	Yes <input type="radio"/>	No <input type="radio"/>
Total value of assets being transferred	€	
Value representing		
(a) Employer Contributions	€	
(b) Employee Contributions	€	
(c) AVCs	€	
Name of transferring pension scheme:		
Name & address of trustee(s):		
Date of Joining Service		
Is member a 20% Director	Yes <input type="radio"/>	No <input type="radio"/>
Is member a 5% Director	Yes <input type="radio"/>	No <input type="radio"/>
Is scheme Revenue Approved	Yes <input type="radio"/>	No <input type="radio"/>
Revenue Reference Number		
Are the total assets relating to this member being transferred?	Yes <input type="radio"/>	No <input type="radio"/>
	Must be answered Yes	
Is the transfer from a self-administered scheme?	Yes <input type="radio"/>	No <input type="radio"/>

<p>Does any of this transfer value relate to service with a previous employer?</p> <p>If Yes, please provide the following details from the previous employment:</p> <p>Date of Joining Service</p> <p>Date of Leaving Service</p> <p>Final Salary Details</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>Has a Pension Adjustment Order (PAO) granting part of the benefits to the member's spouse been made on the benefits under the existing pension arrangement, or on any pension arrangement from which the transferring arrangement received a transfer? or</p> <p>Does this transfer represent a non-member spouse's designated benefit granted under a PAO?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p> <p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>If a PAO was granted a court certified copy of the PAO is needed and we require the additional information on the next page.</p>	
<p>Has the member left this employment, or left pensionable service in respect of this employment?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>

Additional Information required if the member has left service:

Date of Leaving Service	
<p>Final Salary Details</p> <p>(For 20% Directors please provide remuneration details for at least 3 consecutive years ending not earlier than 10 years before the date of leaving service)</p>	
<p>Retirement Lump Sum Benefit Entitlement at retirement if value had remained in the transferring scheme?</p>	€
<p>Are you satisfied that the member's benefits have not exceeded the limits set down by the Revenue Commissioners?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>

Pension Adjustment Order Questions

One of the following must apply before Irish Life can accept the transfer

- The transfer contains the member spouse's benefit only, or
- If it contains both the member's and non-member spouse's benefit, Irish Life will require that these be split as part of any transfer being accepted.

Irish Life cannot accept a transfer of non-member spouse's benefit into a company pension.

A court certified copy of the Pension Adjustment Order is needed in all cases

Where transfer contains member's benefit only

Non-member spouse's details

- Name: _____
- Address: _____

- PPSN (if known): _____

Where was non-member spouse's benefit transferred to?

- Type of arrangement: _____
- Name and address of provider _____

- Trustee / employer (if applicable): _____
- Policy number: _____
- Amount transferred: € _____
- Date transferred: ____ / ____ / ____

If you never held the non-member spouse's benefit and cannot answer the questions above then we'll need the following details about the office that originally held the benefits

- Type of arrangement: _____
- Name and address of provider _____

- Trustee / employer (if applicable): _____
- Policy number (if known): _____

I confirm the answers to all questions in this form are complete and correct.

Name

Signature

Insurance Company

Date / /